

LOUGHRAN PARK

2010 SUMMER PARKS PROGRAM REGISTRATION/MEDICAL FORM



CHILD'S NAME _____ MALE / FEMALE
ADDRESS _____ AGE _____
CITY _____ STATE _____ DATE OF BIRTH _____
PARENT/GUARDIAN'S NAME _____
ADDRESS _____ CITY _____
HOME PHONE # _____ WORK PHONE # _____ CELL PHONE# _____
E-MAIL ADDRESS _____

IF PARENT IS UNAVAILABLE SECOND PERSON TO CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____
CELL # _____

MEDICAL INFORMATION:

ALLERGIES (FOOD, BEES, MEDICATIONS, ETC.) _____

PHYSICAL LIMITATIONS: _____

EMOTIONAL CONCERNS (DIFFICULTIES, DISORDERS) _____

ADMINISTERED MEDICATION: YES ___ TYPE _____

SIGNATURE OF PARENT/GUARDIAN _____

FOR PROMOTIONAL PURPOSES VIDEOS OR PHOTOGRAPHS ARE OCCASIONALLY TAKEN OF CITY SPONSORED ACTIVITIES. THESE VIDEOS OR PHOTOS MAY BE USED ON THE WEB OR PUBLIC ACCESS CHANNEL. IF YOU **DO NOT** WISH YOUR CHILD TO APPEAR IN THIS MANNER CHECK HERE: _____

FOR OFFICE USE ONLY: **PROGRAM CHARGE IS NON-REFUNDABLE**

SHOT RECORD RECEIVED _____

BIRTH CERTIFICATE RECEIVED _____

FEE - CITY RESIDENT: 1 \$140 ___ 2 \$265 ___ 3 \$375 ___ 4 \$475 ___ RECEIPT #: _____

FEE - NON-CITY RESIDENT: 1 \$235 ___ 2 \$455 ___ 3 \$665 ___ 4 \$865 ___

FINANCIAL AID APPLICATION _____

MANDATORY FEE 1 CHILD \$90 ___ FAMILY \$175 ___ RECEIPT # _____

3 PAY STUBS ___ DSS GRANT LETTER ___ 2009 FED TAX ___

Registration # _____

City of Kingston

Parks and Recreation Department

Kevin Gilfeather
Director

Mary Jo Wiltshire
Parks Administrator

467 Broadway
Kingston, New York 12401
(845) 331-1682 FAX (845) 331-2750
recreation@ci.kingston.ny.us



ACKNOWLEDGMENT OF RISK

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

I give my daughter/son _____, permission to participate in the _____ program/activity sponsored by the City of Kingston Parks and Recreation Department.

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release, hold harmless and indemnify in whole, the City of Kingston, the City of Kingston Parks and Recreation Department and their officers, directors, representatives and employees from all claims or liabilities of any kind arising from my child's participation in this program/activity.

I further acknowledge there are certain unanticipated inherent risks involved with recreation programs that may involve severe or minor physical injury such as but not limited to injury from falls, broken bones, strains, sprains, bruises or contact with other participants. I agree to assume these risks and responsibilities surrounding my child's participation in this program or activity.

My child is in good physical condition and does not possess any physical or mental impairment that prevents their participation in this program or activity.

In signing this release I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed.

Signature of Parent/Guardian _____ Date: _____

Media Waiver

For promotional purposes videos or photographs are occasionally taken of City sponsored activities. These videos or photographs may be used for promotional material on the web, brochures, flyers or public access television.

If you **DO NOT** wish your child to appear in this manner check this box



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Administrative
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TO: Parents and Guardians

FROM: Kevin Gilfeather - Director of Parks and Recreation Department
Ralph Vanacore - Recreation Leader, Summer Parks Program Coordinator
Julie Noble - Environmental Educator, Jr. Naturalist Program Coordinator
Mary Elizabeth Polacco - Summer Aquatic Coordinator
Steven Schabot. - Chairman, Recreation Commission

DATE: May 2010
SUBJECT: The Summer of 2010

The City of Kingston Parks and Recreation Department programs have been successful in providing safe, age appropriate and memorable experiences for children for the past 50 years. We have been pleased to be able to serve generations of families, as well as multiple siblings from the same family. With few exceptions, the Parks and Recreation Department has been able to serve all the children accepted for our programs and year after year, parental praise for our work has been the rule. The Department is grateful for all of your letters of appreciation and expression of satisfaction with our efforts. We have every intention of continuing to care for your children with the same concern, interest and energy in this 21st Century.

The success of our programs is based, in part on:

- **High standards of care for your children**
- **High expectations of ourselves and our staff**
- **A value system explained to staff, participants and families**
- **Boundaries clearly defined for participants and staff**

The well being of your children, both physically, as well as emotionally, is our priority. In order for us to continue to be successful, we need to make you aware of the observations and experiences we have been dealing with the past few years. We believe that many children have been negatively influenced by song lyrics, television programming, movies, books, computer games, the Internet and pornography. Our young people cannot avoid seeing, hearing and absorbing that which makes up a substantial part of their young lives. Our programs are a microcosm of society at large. However, what may unfortunately be acceptable in some homes and communities, cannot be acceptable in our programs if we are to continue to care for other people's children with the same concern, interest and commitment to safety as we have in the past

Our programs attempt to teach youth:

- **To recognize that they have a responsibility for themselves and those around them**
- **To learn to make choices which are good for themselves and others, and to take responsibility for the choices they make**
- **To respect oneself and others in spite of differences, and**
- **To accept that they are accountable for their actions and the consequences for inappropriate behaviors.**

It is essential that you communicate to your child(ren) that we will not be able to accept behaviors such as violence, possession of weapons, repeated profanity, disrespect, bigotry, inappropriate sexual behavior, drug and alcohol use or any other behavior that are potentially harmful to themselves or others. They must understand that a consequence of their behavior can mean a loss of the privilege to participate in our programs.

Also, in fairness to our staff and all of the participants, we need to make informed decisions about all of our young people that participate in our programs. Our purpose in having pertinent health information, both physical and emotional, is to better serve each child. We must expect that parents and guardians of any child participating in our programs have provided us with all the necessary information we need to keep all children safe.

With these facts in mind, we reserve the right to ask that a child who violates our program standards be removed from the program immediately. There may be times when we have taken all necessary steps, within our resources, to make the experience successful for your child but find we are unable to meet the needs of everyone. For the good of this child and the other participants, the child may have to leave the program.

This letter would have been unheard of 15 to 20 years ago. However, the world has changed and we need to accept the effects of some of those changes. As always, please contact us if you have questions or concerns about this communication or any other matter. We look forward to taking all the necessary steps of making your child(rens) experience with us a successful one!

DATE: _____

Name of Parent(s) or Guardian(s) - Please Print: _____

Signature(s) of Parent(s) or Guardian(s): _____

City of Kingston

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Director

Mary Jo Wiltshire
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